						-	·				1	)[6	7/18	9	
PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003  Application or Docket Number															
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SM TYI	ALL E	NTITY	OR	OTHER SMALL			<u>~</u>	
TOTAL CLAIMS				1				F	RATE	FEE	1	RATE	FEE	İ	
FOR			NUMBER FILED		NUMB	NUMBER EXTRA		SIC FEE	385.00	OR	BASIC FEE	770.00		COPY	
TOTAL CHARGEABLE CLAIMS			min	us 20=	• 0		,	<b>(\$ 9=</b>		OR	X\$18=				
INDEPENDENT CLAIMS				mi	nus 3 =	· <i>O</i>			<43=		OR	X86=			B
MULTIPLE DEPENDENT CLAIM PRESENT						T+	145=		ÖR	+290=					
* If the difference in column 1 is less than zero, enter "0" in column 2						T	OTAL		OR	TOTAL		İ	A		
(Column 1) (Column 2) (Column 3)							s	MALL	ENTITY	OR	OTHER SMALL			IA	
MENDMENT A		RE	LAIMS MAINING AFTER ENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		REST AVAILABLE
NO.	Total	*	<del></del>	Minus	•	$\mathcal{D}$		,   >	(\$ 9=	/	OR	X\$18=			
MEN	Independent	• /		Minus	***	>	-		<43=	/	OR	X86=		i	
<b> </b>	FIRST PRESE	NTAT	ON OF MI	JLTIPLE DEI	PENDEN.	CLAIM		T.	145=		OR	+290=			
١,	$\bigcirc$ $\wedge$ 1 $\wedge$							ADI	TOTAL DIT. FEE		┫	TOTAL ADDIT. FEE			
<u>/</u> ·	9.04		olumn 1)			mn 2)	(Column 3)								
MENT B		RE	CLAIMS MAINING AFTER ENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE )		RATE	ADDI- TIONAL FEE		
OME	Total	*	39	Minus	-0	D	= 191	7	(\$ 9=	7	OR	X\$18 <sub>7</sub>	36	g X	મૃવ
AMENDA	Independent	• (	2,	Minus	***	3 .	= /		 (43=	1/	OR	X86=_			
Ľ	FIRST PRESE	NTAT	ION OF MI	JLTIPLE DEI	PENDEN.	CLAIM	_/□		4.45	<del>                                     </del>	1	+290=			
								L	145= TOTAL	/	OR	TOTAL		ł	
//	2000	*	•					ADI	OIT. FEE		OR	ADDIT. FEE		1	
٢	- Liver		olumn 1) Claims	<del></del>		mn 2) IEST	(Column 3)			1	1		L ABO	1	
ူင		RE	MAINING		NUM	IBER IOUSLY	PRESENT	,	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	1	

<u> </u>		Column 1)		(Column 2)	(Column 3)				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	-	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT				
	Total	-39	Minus	-39	= /				
	Independent	. W	Minus	T# 3	= /				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								

\* If the ntry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

OR

OR

OR

X\$18=

X86=

+290=

TOTAL ADDIT. FEE

FEE

FEE/

RATE

X\$ 9=

X43=

+145=